		LACE OF DEATH	Allegan	7	MARYLAN	2. USUAL RESIDENCE (o. STATE	Where deced	sed lived. If instit b, COUN			an)
		Cumbe	(II eutside corporate limits, writ Prland	RURAL	e. LENGTH OF STAY IN II		ovside cor erlan		RURAL and give	re nearest tawn	3
60	0	Name of hoser Memoria	al Hospita	lf nat in hospi 2.L	tal, give street address)	d. STREET ADDRESS	nt Av	e.		e. IS RESI ON A YES	FARM?
	(NAME OF DECEASED Type or print)	John		Robert	Anderson	4. DATE OF DEATH	Jun		6 19	57
1	5. \$	male	6. COLOR OR RACE	7. MARRIED	□ NEVER MARRIED 1	Sept 2-195	0	9. AGE (In years lest birthday) yrs.	Manths Days		24 HRS Ain.
-1				1		STRY II. BIRTHPLACE (SHOW	ar foreign c	country)		OF WHAT CO	UNTR
1)			n R. Ander			14. MOTHER'S MAIDEN Matilda	NAME	rtucci			
0	15. {Yes,	MAS DECEASED EV	VER IN U. S. ARMED FO (If you, give wer or dates of	RCES? 16. Se		rather) John	R.An	Address			
1		8/2 % Conditions, if a gave rise to imme (a), stating the couse lost.	ediate cause		ractures o	of skull	ge		about	nss 300 outr	Lnu
2	FICATION					NOT RELATED TO THE TERM				YES A	NO
	CERTIFI	20a. EXTERNAL CA PRIMARY SE or CO CAUSE OF DEATH.	NTPRILITING		to side of	(Enter nature of injury in Po					eet
				r 20d 183		7					
		The state of the s	June 6 195	7 at work	Not white	ACE OF INJURY (Hame, farectory, street, office bldg., etc.	TIO CL	mhonlo	(County)	0.0000	(State)
		Hour - K	June 6 195 hat I took charge	7 of the re	Mol white start work start start work start star	ACE OF INJURY (Hame, fari ctory, street, office bldg., etc.	NATO CI	mberla espection	nd All	0.0000	R.I.J
		Hour - K	June 6 195 hat I took charge d from: Natural	7 of the re	Mol while St. St. Mains described ob. Accident 1. St.	ACE OF INJURY (Hame, farictory, street, office bldg., etc. Poet Kont (pove, held an Autop: uicide , Homicide M.D. CHIEF MEDICAL E	XAMINER	mborlandspection	nd All	0.0000	Md.
		Hour p. m. 21. I certify the death resulted	June 6 195 hat I took charge d from: Natural	of the recauses	mains described ab	ACE OF INJURY (Hame, farictory, street, office bldg., etc. Poet Kont (pove, held an Autop: uicide (), Homicide	XAMINER C	Imberlandspection	nd Alle , Inquiry (cause [].	* and fin	Md.
or remaval.	WEDICAL	Hour p. m. 21. I certify to death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) H.	June 6 195 hat I took charge d from: Natural V. Deming ON, 22b. DATE THEREO 1 6-10-5	While at work of the recauses M.D.	mains described ab	ACE OF INJURY (Hame, fanctory, street, office bldg., etc. Pet Kont / ove, held an Autop: uicide, HomicideM.D. CHIEF MEDICAL E	XAMINER CALEXAMINER EXAMINER	mberland indetermined indetermined in indeterm	nd All (Inquiry 6 cause [].	DATE SIGN (Store)	Med

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5828 CERTIFICATE OF DEATH 05765

	00140					Reg. Dist.	No.
1. PLACE OF DEATH a. COUNTY All	egany	MARYLAN	- 11	USUAL RESIDENCE (Whe	re deceased lived. If institution b. COUNT	W	before odmission)
b. CITY OR TOWN (If outside corrected and give necess town) Frostburg	porate fimits, write	4 yrs.	2	c. CITY OR TOWN (If our Frost	tside carporate limits, write burg	RURAL and give	e nearest town)
d. NAME OF HOSPITAL (If not in OR INSTITUTION HOSP	hospitol, give street i ital	oddress)	1	d. STREET ADDRESS E. Ma	ain St.		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) WIL	LIAM	Middle W.		BAKER	4. DATE M OF June	onth 30) Doy Year 57
5. SEX 6. COLOR Male Whi		IED NEVER MARRIED DIVORCED		ATE OF BIRTH	9. AGE (In year	Months Do	FEAR IF UNDER 24 HRS. Bys Hours Min.
100. USUAL OCCUPATION (Give kind during most of working life, ever retired mille	(boriter file	KIND OF BUSINESS OR IN	DUSTRY	Marylar			S.A.
13. FATHER'S NAME			1	4. MOTHER'S MAIDEN NA	AME		
George B	aker			Sarah	Newman		
1S. WAS DECEASED EVER IN U. S. Al (Yes. no or unknown)	RMED FORCES? 16. or dates of service)			. W. O. Mc		ostbur	g, Md.
PART I. DEATH Enter of PART I. DEATH WAS CAI IMMEDIATE Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO (b) DUE TO (c)	retial criticy	5	Nyman	lage_		Severely Learn
\$ 450.0		ONTRIBUTING TO DEATH I				IVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	F DEATH	CRIBE HOW INJURY OCCUI	RED. (E	inter nature of injury in Po	art I ar Part II af ilem 18.)		,
20c. TIME OF INJURY Month, Hour a. m. p. m.	Day, Year 20d. IN While at work	Not while		OF INJURY (Hame, form, street, affice bldg., etc.)	20f. (City ar town)	(Cou	enty) (State)
21. I certify that I attendative on July 3	ded the decease	-7 -	ith oc		M, from the causes DDRESS Street, city or law	and on the	date stated above DATE SIGNE
PHYSICIAN'S NAME (Type)	MCF	une_			my	0	130195
Burial 7-	2-1957	Woodbine	-	netery	Harrisonbu	urg, Va	(State)
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		240. REC'D	BY REGISTRAR 246. REC	SISTRAR'S SIGN	ATURE d /
J. R. Durst,	LLOSU	ourg, Md.		DATE / -	1-57 211	· Mai	1111/1

VS A15 (4) 15M 9/S5

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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Lest II NOT

certificate

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Windship Discount Train American Section of the Community of the Community

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VS. A15ME(5)

Klaush

e. IS RESIDENCE

ON A FARM?

YES 🗍 NO 🏲

Year

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INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO TH

DATE SIGNED

(State)

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Day



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BUREAU V. E.

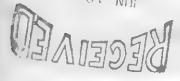
VS A15 (4) 15M 9/55 James F. Scarpelli Cumberland, Md.

24b. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

SEML 11, 1957 (1. Koss Cameron, N.)



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thin corporat		MENT OF HEALTH—BALTIMORE, 18	05772
	5772 CERTIFIC	CATE OF DEATH Reg. D	Dist. No. 4
filed with	1. PLACE OF DEATH O. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Reside o STATE b. COUNTY ALL	ence before admission)
Id be fille	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) CUMBERLAND, 18 Days		give nearest town)
by the f	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MEMORIAL HOSPITAL	, d STREET ADDRESS 148 FREDERICK ST.	IS RESIDENCE ON A FARM? YES NO NO
es lond	3 NAME OF First Middle OCCEASED (Type or print) JESSE	BOGGS OF DEATH JUBE	8° 1957
n. Page	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WHITE WIDOWED DIVORCED	JUNE 29 1 1901 9. AGE (In years IF UNDE	R & YEAR IF UNDER 24 HRS. Days Hours M.n.
bon paper	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JANITOR 105 KIND OF BUSINESS OR INE Public School		U.S.A.
cion or carbo	13. FATHER'S NAME HARRY BOGGS	14. MOTHER'S MAIDEN NAME NANCY CRABTREE	
re rem cort	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [17 yes, no, or unknown] [18] yes, give wor or dotes of service] NO 229-10-2451	MEMORIAL HOSPITAL	
hendii oleose irhii	18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).]	P	INTERVAL BETWEEN
he of hen i	PART I. DEATH WAS CAUSED BY:	is plushemed	8-yers
も と ま し さ に し い に い に い し い し い し い し い し い し い し	Conditions, if ony, which)	page delication and the second	_
perm in an	gove rise to Immediate Couse (a), stating the under-		
and and	lying couse last. (c)	The state of the s	
has be prial-tro movel.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B		PERFORMED? YES NO
ificate the branch of the bran	OR CONTRIBUTING CAUSE OF DEATH	RED. (Enter nature of injury in Part I or Part II of item 16.) —	•
this cer r use ar emation	20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e Haur o. m. 19 While Not while at work at work at work	PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg , etc.)	(County) (State)
After ed fo	21. I certify that I attended the deceased from Mary		last saw the decease
o burn	olive on 19 , and then dea	th occurred at \$205P.M, from the couse and an ADDRESS (Street, bity or town, state)	the date stated above
d be dd prior to	SIGNATURE MULLINGUES	no Combulan &h	10 6/9/2
tror	PHYSICIAN'S NAME (Type) R. J. Williams, M.D.		
PUNER page 3 the regis	220 BURIAL CREMATION, 226 DATE THEREOF 26. NAME OF CEMETERY BUT 14 (Specify) June 11, 1957 Greenmour		
O St	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1t Cemetery Cumberland, M	
A15 (4) (4) (4) (4) (4)	John J. Hafer, Cumberland, Md.	11.1957 W. Ross	Cameron 1
Harr		1 1 acteu	g Registra

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DECEINE!

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within componers 5773 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) O. COUNTY FRANY o. STATE Fled b. CQUNIY MARYLAND MARYLAND LEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) RURAL and give nearest town)
CUMBERLAND DAYS ,0, CUMBERLAND d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? MEMORIAL HOSPITAL MEMORIAL AVE. HUMBIRD ST. YES NO DO NAME OF First 4. DATE Middle Lost Month Day Year DECEASED PERRY BRINKMAN MR. W. JUNE (Type or print) DEATH 57 19 6 COLOR OR RACE 7. MARRIED THE NEVER MARRIED S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years lost birthdoy) Months Days Hours WHITE MALE 10 WIDOWED | DIVORCED [7] yrs 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. 13. FATHER'S NAME RHODA ALDERTON WILLIAM BRINKMAN IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address HOSPITAL 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). **DUE TO** any Conditions, if any, which (b) gove rise to immediate **DUE TO** catte (o), stoling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19 WAS AUTOPS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc. Hour a.m. While Not while at work at work 21. I certify that I attended the deceased from Ithat I last saw the deceased and that death accurred at 10;45AM alive on M. fram the causes and on the date stated above. ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY NO. 22d. LOCATION (City, town, or county) page (Stote) BEHOVAL (Spec)f 0 **FUNERAL DIRECTOR'S SIGNATURE** 246 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

PUREAU V. &

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

after death, Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05774

830	CERTIFICA	ATE OF	DEATH

			5830	CERTIFI	CA	TE OF DEATH	1		Reg. Di	ist. No.	9	• 2	
	PLACE OF DEATH					2. USUAL RESIDENCE (Whe	era deceosed		n: Reside:	ice before	admiss	ion)	
	B. COUNTY	Allegan	7	MARYLAN	ND	Maryland b. COUNTY Allegany							
	b. CITY OR TOWN (If a	utside corporate fimi		c. LENGTH OF STAY IN	Ъ								
	Frostbu			4 days		Y' Route 1	Fr	ostburg.					
	d. NAME OF HOSPITAL	(If not in hospital, g	ive street o	ddress)		d STREET ADDRESS e. IS						IDENCE	
		s Hosp	tal			ON A F/							
3	NAME OF DECEASED	Fir	et	M ddle		Lost	4. DATE	Month	_		1	Year	
	(Type or print)	Ha	zel	Ann		Brode	OF DEATH	June				19 57	
5. !	SEX	COLOR OR RACE	7 MARRI	ED NEVER MARRIED [DATE OF BIRTH		9. AGE (In years last buthday)	F UNDER			FR 24 HRS	
	Female	White	WIDOWE	DIVORCED) F	eb. 24th,1	900	57 %	Months	Days	Hours	Min.	
10o	. USUAL OCCUPATION during most of working	(Give kind of work of	lane 10b. 1	CIND OF BUSINESS OR IN	NDUST	RY 11 BIRTHPLACE (Stole of	ar foreign co	ountry)	12, CI	TIZEN OF	WHAT	COUNTRY	
	Housewi	fe		Housework		Marylan	d			USA	,		
13.	FATHER'S NAME					14 MOTHER'S MAIDEN N	AME						
	John L.	Crowe				Ida Raven	scro:	ft					
	WAS DECEASED EVER I	N U. S ARMED FOR				FORMANT		Addre			-		
					Mr	s.John Ross	Rt.	1,Frost	burg	, MC	i.		
	18. CAUSE OF DEATH	_	use per line	e for (a), (b), and (c).]	/	171	/					TWEEN	
		WAS CAUSED BY MMEDIATE CAUSE (6)	1.1	ALIGNANT	<u>_</u> ,	Merinosc.	KRO	15/5				7	
	`	DUE TO				2 /	ar.	3/ /	. /		- 1		
	Conditions, if any		1/1/	redeasil	-	d HAbete	- 6 11	KPARO1	14/16	1			
	gove rise to imp couse (a), stating the			1.20 20 : 1	_	TT. 1 . 1.	/ /	/		·			
_	lying couse last.) (c	_4	METTIA,	/	0/44 /11	delle	0 65					
õ	PART II. OTHE	SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT N	NOT RELATED TO THE TERMIN	NAL DISEASI	E CONDITION GIVE	N IN PAR	T 1(o) 19.	PERFC	AUTOPSY PRMED?	
3											YES 🗌	NO 🖯	
CERTIFICATION	OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCU	RRED.	. (Enter noture of injury in Po	ort I or Pari	t II af :tem 1B)					
MEDICAL	20c. TIME OF INJURY	Month, Doy, Yes			PLA:	CE OF INJURY (Home, farm, ary, street, office bldg, etc.)	20f (City	or town)	(County)		(State)	
MEC	p. m.	19	While at work	Not while at work		or y, and or, arrive bring , area,							
	21. I certify that	_1 oftended the	decease	ed from		1950 to 11	5/31	1957	that I	last sav	v the	deceasea	
	alive on	/31	. 195	$2_{}$, and that de	ath	accurred at GA	*						
		6 0 0	/)				lreet, city or lawn, a				ATE SIGNED	
	ACTUAL SIGNATURE	sofra Co	Sila	een	M	10. 134	2	with and					
	PHYSICIAN'S					7	191		F7 1				
	NAME (Type)	John C.	Dev	ers		Jorg	A.	11/					
220	BURIAL, CREMATION,	22b DATE THEREC	F	22c. NAME OF CEMETER	_		22d LOCAT	TION IS ty fawn, or	county)		(Stat	•	
	Buria Total	6-3-57		Mt.Zion C	em;	etery		Garrett	Cou	nty,	, M	d.	

23 FUNERAL DIRECTOR'S SIGNATURE Joseph R. Durst,

ADDRESS Frostburg, Md.

24g. REC'D BY REGISTRAR

TO HOSPITAL

BECEIVED

BUREAU V. K.

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VS A15 (4) 15M 9/55

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MA		STATE DEPARTMENT	OF HE	ALTH-BALTIMO	RE, 18		•
4	5831	CERTIFICATE	OF D	ATH	Reg.	. Dist. No.	Ų
		2 1161	IAI DECIDE	MCE (Where decreed lived	If institution, Res	'danca balos	

1. PLACE OF DEATH			2 USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission)						
o. COUNTY	Allegany	MARYLAND	STATE Marvland b. COUNTY Allegany						
RURAL and giv	N (If outside corporate limits, write e nearest town)	c. LENGTH OF STAY IN 16			•	rote limits, write R	_	e nearest	town)
	ostburg	2 days	Frostburg, Route 1						
d. NAME OF HO	SPITAL (If not in hospital, give street ON	oddress)	d STREET A	DDRESS				e IS	RESIDENCE
Mir	ners Hospital								ѕ □ но 🗱
3. NAME OF DECEASED	First	Middle	Losi		4. DATE OF	Mon	th	Day	Yeor
(Type or print)	MARGARET (M	cGREGOR) B	RODE		DEATH	June		7,	19 57
5. SEX		RIED NEVER MARRIED	8. DATE OF BIRTH			P. AGE (In years			NDER 24 HRS
female	white widow	/ED DIVORCED	12-13-	1907		19st birthdoy)	Menins	ays Ho	urs Min,
100. USUAL OCCUPA	ATION (Give kind of work done 10b working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPL	ACE (State o	r foreign co	untry)	12, CITI2	EN OF W	HAT COUNTRY?
House		own home	N	aryl	and			USA	
13 FATHER'S NAME			14. MOTHER'S	MAIDEN NA	AME		-1		
Wm. N	AcGregor		Mary	Dem'	pstei	•			
15 WAS DECEASED	EVER IN U. S ARMED FORCES? 16	SOCIAL SECURITY NO 17 H	NFORMANT			Adde	955		
[Yas no er unknown]	(If yes, give wor or detect of service)	Ca	rl Brod	le. F:	rostl	oure. Mo	d. Rt.	. 1	
18 CAUSE OF	DEATH [Enter only one couse per l					0.,			L BETWEEN
	DEATH WAS CAUSED BY:	Carcu			Lu	20 -	:		ND DEATH
15-1	IMMEDIATE CAUSE (o)	Cara	ionie		July			10	nouses
156.									
Conditions, i	f ony, which (b)								
couse (o), stati									
fying couse la									
PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASI	CONDITION GIV	EN IN PART I	(o) 19, W	AS AUTOPSY REGRMED?
3									□ NO □
PART II. 20a. ACCIDENT OR CONTRIBUTE (IF EITHER, NOT	WAS UNDERLYING (1) 20b. DESING (1) CAUSE OF DEATH (1) THE MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D (Enter noture of	Finjury In Po	ort I or Port	If of item 1B)			
3 20c. TIME OF IN	JURY Month, Doy, Year 20d	INJURY OCCUPRED 20e PL	ACE OF INJURY (dome, form,	20f (City	or town)	{Co	unty)	(Stole)
20c. TIME OF IN	10	Not while for	clory, street, office	bldg , etc.)					
-			1	. 0	1	2 5	7.,		
21. I certify	that I attended the decea	sed from	19.5.	, lo	resse.		Z,that I la	st saw i	the deceased
alive on	Jame 1 12	57., and that death	accurred at					date s	
ACTUAL	no R	0- >	94			reet, city or town,	stote)	,	DATESIGNED
SIGNATURE	fray D.	vaves,	M.D	road	way,				2/8/2/
PHYSICIAN'S	John B. Davis	м. р.	-			3.6.3			
NAME (Type)_						Md.			
220 BURIAL, CREMA REMOVAL (Spec	TION 226. DATE THEREOF	22c NAME OF CEMETERY O				10N (City, town, o	or county)		(Stote)
Buria.		F'bg.Memor	ial Par	.K	Fros	stburg,			Md.
23. FUNERAL DIRECT		ADDRESS		24o REC'D	BY REGIST	RAR 24b. REGIS	STRAR'S SIGN	ATURE	1/0
J. R.	. Durst, Fro	stburg, Md.		DATE	1/-5	7 71110	Lau	11/	N. Fag
						-		7	

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BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Two for one certificate - Film G217 - 6/21/57 - mb





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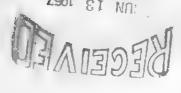
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VS A15 (4)



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DECENTED

Within corporate limit MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5787 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND Allegany Marry and Allegany b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Sumberland Gumberland d. NAME OF HOSPITAL (If not in hospital, give street oddress) id STREET ADDRESS . IS RESIDENCE 126 Bedford Street OR INSTITUTION ON A FARM? ×× YES NO acred Heart Fospital Caring Color of Color of Color NAME OF 4. DATE first Middle Lost Month Year OF fulled DEATH (Type or print) 1957 Gable Charles 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years lost learthday) 5. SEX 8 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Days WIDOWED [DIVORCED TO 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Pennsvlvania corbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Chirles Goble Tmma Kennedy remove 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address ding asp CAUSE OF DEATH [Enter only one couse per ly INTERVAL BETWEEN ONSET AND DEATH ╗ PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** that á permit. Ony Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), sloting the underlying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO DE 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) certificate MEDICAL ő 20e PLACE OF INJURY Home, form, 20f (City or town) 20c TIME OF INJURY Month. 20d INJURY OCCURRED Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 1957, that I last saw the deceased 21. I certify that I attended the deceased from Marc , and that death occurred at 12.30 AM, from the causes and an the date stated above. detach ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 0 g prior 80 P PHYSICIAN'S NAME (Type) FUNER 3 DATE THEREOF 220 BURIAL CREMATION, 226 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Igna). REMOVAL (Specify) Arean O 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 740. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS A15 [4]

BUREAU. V. A.

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ation a	1.	-	_		1488		<u> </u>					Reg. Dist	
cremation	(1	N)	1,	LACE OF DEATH	Alleg	any	MARYLA	UND	2. USUAL RESIDENCE (V		ed lived. If Instit b. COUNT	N	egany
buriol	-	2	b	CUITED		write RURAL	15 days	1b	c. CITY OR TOWN (III	mberl		RURAL and p	give nearest town)
prior la	f				Heart H		oital, give street address)		d. STREET ADDRESS	ngton	St.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ON A FARM? YES NO THE
yaur M gistrar					Lou	ise	Middle M •		Glick	4. DATE OF DEATH	Mont Jui		23 19 57
h the re			5. 5	ex Cemale	6. COLOR OR RAC	7. MARRIE	D NEVER MARRIED [-	May 11-186	6	9. AGE (In years lost birthday) 91 yrs.	Months D	YEAR IF UNDER 24 HRS. Trys Hours Min.
e retair od 2 will		1	. 5	USUAL OCCUPATION USUAL	life, even if retire	d) [IND OF BUSINESS OR IN		Cumberl	or foreign ç			EN OF WHAT COUNTRY?
9 6			13.	FATHER'S NAME					14. MOTHER'S MAIDEN				······································
S a				Willia	am Leodo	icer La	ındwehr		Mary Cathe	rine	Clay		
8/8	,			WAS DECEASED EVE			OCIAL SECURITY NO.	17. W	FORMANT		Address		
			11 113	no, or unknown)	(ii her dine mat ot gate	of service)	none	(s	on)John Gl	ick, C	umberla	and, Mo	l •
ei 🚉	_/			18. CAUSE OF DEAT	H [Enter only one	cause per line f	or (o), (b), and (c).]						INTERVAL BETWEEN
E 9					H WAS CAUSED BY		postatic p	ne	umonia				2 days
4		,		913.0	DUE 1		000000000	110					- d12, 5
of-tron				Conditions, if on gave rise to Immed	y, which	(b) Cont	tusion of	le	ft kidney				15 days
a b uri			-	(a), stating the vicouse last.		(c) Art			S & Senili				?
used as			ICATION	Frag	ctured 7	th. do	orsal vert	eb	rae				PERFORMED?
pg pe			L CERTIF	20g. EXTERNAL CAU PRIMARY D or CON CAUSE OF DEATH.	ITRIBUTING 🗗	Verti	go-Stoopin	g	over to lo	ok un	der pi	llow o	on chair &
a Sho		~ 1	MEDICAL	10.30 m.	m .	Year 20d, It White of wor	NOI white at work	facto	E OF INJURY (Home, form ry, street, office bldg., etc.)	0.1	or town) ibe rl and	(Caun	., .
Popul				21. I certify th	of I took chor	ge of the r	emains described	abo	re, held an Autops	y 🔲, (r	spection 🔻	, Inquiry	F, and find that
ő				death resulted	from: Noture	ol causes 🔀	, Accident X,	Suic	ide 🔲, Homicide	. □, Ur	ndetermined -	couse 📋.	
DIRECTO				ACTUAL SIGNATURE	f.1/) 2	enung	W. D.		_M.D. CHIEF MEDICAL EX	KAMINER [DATE SIGNED
A 0						4			ASSISTANT MEDIC				
HE K				EXAMINER'S H	.V.Demir	ig M/D.	•		DEPUTY MEDICAL	EXAMINER !	June :	24-19	57
5 10			220	BURIAL CREMATION	N, 225. DATE THE	EOF	22c. NAME OF CEMETER	YOR	CREMATORY	22d. LOCAT	TION (City, town,	or county)	(Stote)
6 0				Burial	June 20	1957	Sts. Peter	&	Paul Cemete	Cu	mberland	. Mary	land
E11E1E1			23.	FUNERAL DIRECTOR			ADDRESS			D BY REGIST		STRAR'S SIGN	
5ME(S) 1/55	N. C.	* Yes		Charles L.	George,	Cumber	land, Maryla	nd.	Johney.	25,19	57 W.	Ross (ameron (1)
		4			We my	99				1/	1 ac	ting Ke	egistrar-

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DECEINED

	1, [. COUNTY	CE (Where deceased lived. If institution: Residence before adm	stion)
	Ŀ	ALLEGANT WEST	VIRGINIA HAMPSHIRE (N (If outside corporate limits, write RURAL and give nearest to	lane.
		and give negresi fown)	INGFIELD	iwn]
	0	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MEMORIAL HOSPITAL	ess (e. 15 R) ON YES	ESIDEN A FARI
	- 1	IAME OF First Middle Leaf ECEASED (ype or print) LILLIAN ELIZA GRACE	4. DATE Month Day Y	fear
	5. S		9. AGE (In your I I FUNDER I YEAR I FUND	9) ER 24
		FEMALE WHITE WIDOWED DIVORCED MAY 21, 18	81 76 yrs. Months Days Haurs	Min.
_ ,[100 d	USUAL OCCUPATION (Give kind of york done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (uring most of working file, even if refired)	State or foreign country) 12. CITIZEN OF WHAT	COUN
1		The state of the s	M 1550) W. 475 0.3.76	
.) [13.	The mother's man	ERINE STICKLEY	
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address	
0	(T 06,	NO If yes, give wor or dates of service MEMORIAL H	OSPITAL - CUMBERLAND, MD.	
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWE	EEN ATH
		PART I, DEATH WAS CAUSED BY: SHOCK - MYOCARDIAC FAI	LURE 1 DA	
		ARTERIOSCLEROSIS		
		Canditions, if any, which gove rise to immediate cause (a), starting the underlying DUE TO	?	
	z l	PART II. OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	FRMINAL DISEASE CONDITION CIVEN IN PART 101 19 WAS	ALITOE
a	CATION	INTERTBOCHANTERIC FRACTURE OF RIGHT FEMUR	PERFO YES	RMED
1	CERTIFIC	200. EXTERNAL CAUSE WAS PRIMARY OF TO CONTRIBUTING A STAND CAUSE OF DEATH.	Port I ar Part II of item 18.)	1T1
		John Marie Off Deby Well 10 STATE	UP, FELL TO FLOOR DUE TO FEEB	LE
ŀ		Hour 2, m. Issue C While Not while factory, street, office bldg.	form, 20f. (City or fown) (County) SPRINGFIELD HAMPSHIRE	(Sto
4	EDIC	A DESTRUCTION OF THE PARTY OF T		
4	MEDIC	2 1/4	noty Inspection I Inquiry II I	
d'	MEDIC	21. I certify that I took charge of the remains described above, held an Aut		
1	MEDIC	21. 1 certify that I took charge of the remains described above, held an Autodeath resulted frame. Natural causes	cide, Undetermined cause	find
·	MEDIC	21. 1 certify that I took charge of the remains described above, held an Autodeath resulted frame Natural causes , Accident , Suicide , Homic		find
	MEDIC	21. 1 certify that I took charge of the remains described above, held an Autocath resulted frame Natural causes . Accident . Suicide . Homicature . M.D. CHIEF MEDICATURE . M.D. CHIEF MEDICATURE . ASSISTANT MI	cide	find
	WED.	21. 1 certify that I tack charge of the remains described above, held an Autodeath resulted frame. Natural causes	cide . Undetermined cause . AL EXAMINER . DATE S EDICAL EXAMINER . JUNE 8, 1957	find
*	WED.	21. 1 certify that I took charge of the remains described above, held an Autocath resulted frame Natural causes . Accident . Suicide . Homicature . M.D. CHIEF MEDICATURE . M.D. CHIEF MEDICATURE . ASSISTANT MI	cide	find

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This certificate shauld be executed within 24 hours after death. If any delay is nec	63	nay be retained for you	nit. File pages 1 and 2 with the registrar prior ta b
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3	0	olang with farm PM3. Page 5 may	: Page 3 should be used as a burial-transit permit.
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Mi	cate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to	ie	SE SE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5834 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05799

	. 3001				Reg. Dist. N	lo. 4						
ı	1. PLACE OF DEATH 0. COUNTY					efore admissian)						
	Allegany	MARYLAND	o. STATE	Md . b. COUNTY	Alle	gany						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give reagest fown)	C. CITY OR TOWN (If outside corporate limits, write RURAL and at										
1	Westernport											
I	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	oital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE						
l			'287 Main	St.Ext.		YES NO						
Î	3. NAME OF FIRST	Middle	Last	4. DATE Month	Do	y Year						
ı	(Type or print) Robert I	Earl Lee Ha	wk	DEATH Jun	ie 5	19 57						
ľ	5. SEX 6. COLOR OR RACE 7. MARRIEI	D T NEVER MARRIED B.	DATE OF BIRTH		IF UNDER TYEA	R IF UNDER 24 HRS.						
ı	male white WIDOWED	DIVORCED	April 20-1	932 25 yrs.	Months Days	Hours Min.						
ľ	100. USUAL OCCUPATION (Give kind of work done 10b. Ki	IND OF BUSINESS OR INDUSTE			12. CITIZEN	OF WHAT COUNTRY						
1	Paper hill helper W.V.	a.Pulp & P.C	o Western	port, Md.	U.S	.A.						
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	1	***						
I	Ea rl G.Hawk		Anna	Casteel								
ľ	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no. or unknown) 1 (If yes, give war or dates of service)	OCIAL SECURITY NO. 17. IN	FORMANT	Address								
ı	yes 499	9-34-7022 (w	ife)Mrs.R.	E.L. Hawk, Wes	ternpo	rt, Md.						
ľ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]											
l	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	C. LENGTH OF STAY IN 16 TITUTION (If not in hospitul, give street address) C. CITY OR TOWN (If authide corporate limits, v We stern port ASTREET ADDRESS 287 Main St. Ext. The Earl Lee Hawk CRORRACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Ite WIDOWED DIVORCED April 20-1932 CAPTIL 20-1932 APRIL		OH	SET AND DEATH							
1	× 1 / Y											
Î	free free		sudden									
Į	gave rise to immediate cause											
ĺ	(a), stating the underlying DUE TO cause last.											
I	PART H. OTHER SIGNIFICANT CONDITIONS COL	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY										
	PART II. OTHER SIGNIFICANT CONDITIONS CON 205. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH. On mo					PERFORMED? YES NO RA						
1	200. EXTERNAL CAUSE WAS PRIMARY (1) or CONTRIBUTING (1)	HOW INJURY OCCURRED. (Er	nter nature of injury in Part	For Part II of Item 18.)		<u> </u>						
					hit a	tree.						
Į	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. While	NURY OCCURRED 200. PLAC	E OF INJURY (Home, farm,	20f. (Gigs on hawn)	(Caunty)	(State)						
	While	k of work . High	ry, street, affice bldg , etc.) いのマードロロナロ	26 Works								
	21. I certify that I took charge of the remains described obove, held on Autopsy , Inspection , Inquiry k, and find that											
ı												
ı	SIGNATURE () 2/ VINERA	211.0	CHIEF MEDICAL EX	AMINER []		DATE SIGNED						
I	STOTAL DEE											
	NAME (Type) H. V. Deming M. D.				-1957							
1	220. BURIAL, CREMATION, 226. DATE THEREOF					(State)						
1	Billia (Specify) 6-8-1957			Jesternnort								

ADDRESS.

VS. A15ME(5)

23. FUNERAL DIRECTOR'S SIGNATURE

BUREAU V. &

DECEINED

Villia corporat			MENT OF HEALTH—BALTIMORE, 18	05800/
3.0		5792 CERTIFIC	CATE OF DEATH Reg.	Dist. No.
director		PLACE OF DEATH COUNTY ALLEGANY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution) Reside a STATE WEST VIRGINIA b. COUNTY MI	lence before admission) NERAL
funerol flat be f		b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) CUMBERLAND LI HOURS	c CITY OR TOWN (If outside carparate limits, write RURAL on RIDGELEY	d give nearest town)
d 2 year		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL	d STREET ADDRESS 3 MINERAL ST.	e. IS RESIDENCE ON A FARM? YES NO [X]
filled los I ow	3.	NAME OF DECEASED (Type or print) FIARTAN : FLNORA	HENRY 4. DATE Month OF DEATH JUNE	Doy Year 30 19 57 •
I get a		FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	FEBRUARY 12, 1925 lost hirthdoy) 32 yrs	ER 1 YEAR IF UNDER 24 HRS Days Hours Min
nd com	10c	USUAL OCCUPATION (Give kind of work done of the business of interest of working life, even if retired) House wife Own Home	WILEY FORD, W. VA.	U. S. A.
icion or e carbo rs ofter	13	FATHER'S NAME CHARLES KESNER	MARY RODEHEAVER	
ng phys 72 hou		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 NO.	MEMORIAL HOSPITAL - CUMBERLAND,	MD.
in. signed by the ottend if permit. Then plan d in ony event within		18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. [b] DUE TO (c)	Memberation	INTERVAL BRIWEEN ONSET AND DEATH
physicic has been rial-tron moval, o	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B		ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
ifficote s the bu		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Part I or Part II of item 18.)	
tol or of this cer	MEDICAL	20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e. Haur a m 19 While of wark of wark	PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
TOR: After detached for to buriof, o		21. I certify that I attended the deceased from far- alive on 19. I and that dec	th accurred at 5:59A M, from the causes and an ADDRESS (Street, only of plum, state)	I last saw the deceased the date stated above DATE SIGNE
REG The Day of the Day		PHYSICIAN'S DD PLANE M. COMMANDA ED	M.D. 43 Thereof which	AMA HAG
moy be poge 3 she the registr	220	Burial Cremation, 126 Date Thereof 22c. Name of CEMETERY Burial July 2, 1957 Hillcrest Bu		r) (State)
VS A1S (4)	23.	FUNERAL DIRECTOR'S SIGNATURE Charles L. George, Cumberland, Md.	REG'D BY REGISTRAR 246 REGISTRAR'S	SIGNATURE CAMERON, ON
			delena	Keaistres

MINING & T.

CEINED STATE

death.

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within

BURES 1957

St. Marv's Cemeterv

6-18-1957

F. Scarpelli, Cumberland, Md.

Cumberland. Md.

246 REGISTRAR'S SIGNAJURE

Ala REC'D BY REGISTRAR

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OBVIEDE NUL

TO HUSTITAL OR ATTENDING INVESTIAN: The law equires that the death mertificate be exempted within 21 faunts after death. Total may be realled by the haspital ar attending physician.

TO FUNER RECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shown be detached for use as the burial-transit permit. Then please remane carbon papers. Pages 1 2 shauld be filled with the registrar prior to burial, cremation, ar remanal, and in any event within 72 hours afferdeath.

				keg, Dist. No. /					
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY						
Allegany	MARYLAND	Maryland Allegany							
 CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town) 	ite c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF a	utude carparate limits, write RU	RAL and give nearest town)					
Frostburg	6 mos.	Frostb	urg						
d. NAME OF HOSPITAL (If not in hospital, give str	reet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
Miners Hospital		R.D. #	1. Box 81	YES NO					
3 NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year					
(Type or print) EDITH	E.	HOTT	DEATH June	10 1957					
		8 DATE OF BIRTH	9 AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS					
F W WID	OWED DIVORCED	6-20-1887	last birthday) 69 yrs	Months Days Hours Min					
10a USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY					
during most of working life, even if retired) HOUSOWITO	Own Home	Midland,	Md.	U.S.A.					
3. FATHER'S NAME	W 1132 22 0 242 0	14. MOTHER'S MAIDEN N							
George H. Stevenson		Sarah E11	en Winters						
S. WAS DECEASED EVER IN U. S. ARMED FORCES?		NFORMANT	R.D. #2	Box 141					
(Yes, no, or unknown) (If yes, give wor or dotes of service)	None Mr	s.Stella Po	rter, Frostb						
18. CAUSE OF DEATH Enter only one cause p		O.D.O.TTW TO	1001, 110000	INTERVAL BETWEEN					
PART I, DEATH WAS CAUSED BY:				ONSET AND DEATH					
IMMEDIATE CAUSE (o)			8	4 mon1					
DUE TO	Lucaril De	PHOVEL	us Paners	17/16 5 and Del					
Conditions, if ony, which by Cb	MYUNIC OC	gerieravi	o = jacitey &	um & mon					
casse (o), stating the under.		V							
lying couse lost.) (c)									
PART II OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO					
206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	art t or Part II of item 18)						
3 20c. TIME OF INJURY Month, Day, Year 20	od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (State)					
	hile Not while Fac	ctory, street, affice bldg., etc.							
	- /-	19575, to 6	/10 195	70					
21. I certify that I attended the dec				that I last saw the deceased					
olive on 6 1	and that death		M, from the couses ar ADDRESS (Street, city or town, s	nd on the date stated above					
ACTUAL Hilder James	Walky		adway	DATE SIGNED					
PHYSICIAN'S Hilds Jane	Walters, M.D.	Frostb	urg,	Maryland					
220. BURIAL CREMATION, 226. DATE THEREOF	22c, NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, fawn, or						
Burial 6-13-57	Frostburg M	emorial Par		Md					
23 FUNERAL DIRECTOR'S SIGNATURE Hafer	Funeral Home		BY REGISTRAR 246 REGIST						
Bull 142 min 23 B.	Main Frosth	1		Maria &/ Has					







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VS A15 (4) 1SM 9/SS MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECEIVED

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Reg. Dist. No.

acting Registrar

a. COUNTY Allegan	ĊV"	MA	RYLAND	n STATE	yland b. COUN	mad .	legany			
	f autside carporate limit arest tawn)	t, write c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Cumberland						
OR INSTITUTION	AL (If not in hospital, gr Arles , S	ve street address)		d. STREET ADDRESS	es St.		e. IS RESIDENCE ON A FARM? YES NO TO			
3. NAME OF DECEASED (Type or print)	Michae	el Allen		tast Koelker_	4 DATE MOST OF DEATH JUNG	anth 2	Doy Year 4 19 57			
5. SEX Male		7. MARRIED NEVER MAI	CED	1/23/56	9. AGE (In year lost birthday) Manths D	YEAR IF UNDER 24 HRS Days Haurs Min.			
None None	N (Give kind at work d ing life, even if retired)	ane 10b. KIND OF BUSINESS	OR INDUS	Cumberl	and, Md.	12. CITIZ	USA			
	Koelker			14. MOTHER'S MAIDEN						
15 WAS DECEASED EVER	R IN U. S. ARMED FORCE It yes, give war or doles of so	None		FORMANT S. Koelker		ddress				
PART I DEA 473 X Conditions, if all gave rise to it cause (a), stating lying cause last	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Ty, which In mediate the under: (b)	Anemia, seve	ac dil re-mio	erocytic, hyp	ochromic Minal Disease Condition C	SIVEN IN PART				
O (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yea	none	20e PĮA	. (Enter nature of injury in CE OF INJURY (Hame, for ory, street, affice bldg., e	rm, 20f. (City or town)	{Co	PERFORMED? YES NO THE			
actual signature	- 24, 1957	accinan m.	death	occurred at 5.05	A M, fram the causes ADDRESS (Street, city or law d St., Cumber	and an the	d. 6/24/57			
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	June 26	-57 Gree	METERY OR	CREMATORY	22d. LOCATION (City town	or county)	(State)			
23 FUNERAL DIRECTOR		ADDRESS Cumberlan	hM h	790 REC		BISTRAR'S SIGN	2 MOS MIL MO			

THE SET AS NOT

(Bi)		PLACE OF DEATH C. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived if Institution, Residen c. STATE Md. b. COUNTY All	ce before admission)
	t	Allegany MARYLAND O. STATE Md. b. COUNTY All colline corporate limits, write RURAL and colline COUNTY BELLAND OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and colline County Belland 71 years Cumberland	egany
D.O.A	4	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Memorial Hospital d. Street ADDRESS 313 Dorn Ave.	e. IS RESIDEN
D.O.R	3. 1	NAME OF First Middle KRIGIE-IN Last 4 DATE Month	Pay Year
	5. \$	(Type or print) GEOTINE 1 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years lift UNDER I for birth day) Machin D Machin D Machin D	YEAR IF UNDER 24 H
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZ	EN OF WHAT COUNT
FORM		FATHER'S NAME George Kriglen George Kriglen	S.A.
1)		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. OF Workson') Address Address Address 220-10-9151 (daughter) hrs. Gertrude Dorn, C	umberlan
<u> </u>		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 89: IMMEDIATE CAUSE (o) COPONARY OCCIUSION	INTERVAL BETWEEN ONSET AND DEATH SUDDEN
		Conditions, if ony, which) (b) Coronary sclerosis	about 4 years.
		gove rise to immediate cause (a), storing the underlying cause lost. OUE TO Arteriosclerosis	?
P	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPS PERFORMED? YES NO
		20d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Count factory, street, affice bldg., etc.)	ly) (State
		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry death resulted fram: Natural causes **, Accident, Suicide, Homicide, Undetermined cause	and find the
		ACTUAL SIGNATURE SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EFF 166		EXAMINER'S H. V. Deming M.D. ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER June 6-1957	
DA OE		BURIAL CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION [City, fown, or county]	(Slote)
	220.	REMOVAL (Specify) Burial 6-7-57 SS Peter & Paul Cem. Cumberland, Mary Funeral Director's Signature James F. Scarpelli Cumberland, Md. 249. RECISTRAR 246. REGISTRAR'S SIGN James F. Scarpelli Cumberland, Md.	

BUREAU V. &

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BECEINED

	iin	5800 CERTIFIC	CATE OF DEATH Reg. Dist. No.
filed with	1. [PLACE OF DEATH D. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany
shauld be f		c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Cumberland 4/26/49	Barton
2 shq		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Allegany County Infirmar	d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO
es l		NAME OF First Middle DECEASED (Type or print) Mary	Lancaster OF DEATH June 3, 19 57
rs. Poo	1	Female White WIDOWED DIVORCED	4/1/1879 TO
on pape death.	100	. USUAL OCCUPATION (Give kind of wark done) 10b. KIND OF BUSINESS OR INC during most of warking life, even if retired) HOUSEWILE	DUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland U. S. A.
move carbo	13.	Frederick Hyde	14. MOTHER'S MAIDEN NAME Mary Shugars
	15. IYe	s. no, or unknown) (If yes, give war or dates of service)	InformantP. O. Box 599 Address Cumberland, Mallegany County Infirmary Records
Then please in vent within 72		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UR TO	iles, Okrouie- INTERVAL BETWEEN ONSET AND DEATH
signed by		Canditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last.	Clerosis, Decile
ial-transi	CERTIFICATION		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{NO} \)
The bur		200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of Item 18.)
mis cert r vse as ematian	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. Hour a. m. 19 While Not white at wark at wark	PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.) (City or town) (County) (State)
ched fo		The second in account in the second in the s	13, 19, ta6/3/57, 19,that I last saw the decease the occurred at 12:05PM, from the causes and on the date stated above.
be deto		ACTUAL SIGNATURE & M CELLOY ELLEPS	ADDRESS (Street, city or town, state) DATE SIGNI M.D. 49 Greene St. June 3, 195
hrar pri		PHYSICIAN'S Dr. L. B. Mathews	Cumberland, Md.
2 7 2	00	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
page 3 sl	220	BUPTAL DIRECTOR'S SIGNATURE ADDRESS	ill Cemetery Mescow, Md.

ELEKTAL K. E.

DE VIEWELL .

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BUREAU K. E.

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	5	837	CERTIFIC	ATE OF DEATH	1	Re	g. Dist. No.	9
î,	PLACE OF DEATH			2. USUAL RESIDENCE (Who	ere deceased liv	red. If institutions R	esidence before	admission)
	Allegany		MARYLAND	Maryla	nd	b. COUNTY	Alle	gany
	b. CITY OR TOWN (If autside corporate firm	its, write c. 15	NGTH OF STAY IN 15	c, CITY OR TOWN (If or	utside carporole	limits, write RURAL	ond give near	ist fown)
	RURAL ond give neorest town) Frostburg		life	Frostb	urg			
Г	d NAME OF HOSPITAL (If not in hospital, or INSTITUTION	give street oddrer	35]	d STREET ADDRESS			•,	IS RESIDENCE
	300 E. Main S	st.		300 E.	Main	St.		YES NO NO
3.	NAME OF FI	rst .	Middle	Lest	4. DATE OF	Menth	Day	Yeor
	(Type or pr nl) JENNIE		E. LLEWE	ELLYN	DEATH	June	2	0, 19 57
5	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.			F JNDER 24 HRS
L	female white	WIDOWED	DIVORCED [Jan. 14, 1	864	93 71.	nihs Doys	Hours Min
104	 USUAL OCCUPATION (Give kind of work during most of working life, even if retired 	done 10b KIND	OF BUSINESS OR INDI	JSTRY 11 BIRTHPLACE (Stole of	or foreign coun	lry) [1	2. CITIZEN OF	WHAT COUNTRY?
	housework	OWN	n home	Maryla	nd		U.S	.A.
13	FATHER'S NAME			14 MOTHER'S MAIDEN N	AME			
L	John Hansel			Harrie	t Trou	ıtman		
	WAS DECEASED EVER IN U. S. ARMED FOI	service)	al security no 17.	informant cs. Lawrence	Rank,	Frostb	urg, M	d.
	18. CAUSE OF DEATH [Enter only one co	ouse per line for	(o), (b), (dd (c)]					VAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	1 /8	rtlin	1 Delle	dalo		ONSE	T AND DEATH
	, DUE TO)	1	1				euro
	Conditions, if ony, which }	5	emplos	ta			9	
	gave rise to immediate DUETO) 0						
	Inter course lead	2),						
CERTIFICATION	PART II. OTHER SIGNIFICANT CON	IDITIONS CONTR	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE C	ONDITION GIVEN I		WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING OF ONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE	HOW INJURY OCCURR	ED (Enter nature of injury in P	ort I or Port II	of item 18.)		
MEDICAL	20c TIME OF INJURY Month, Day, Ye Hour o.m. p. m. 19	While I		EACE OF INJURY (Home, form, octory, street, affice bldg., etc.	20f (City or	town)	(County)	(State)
	21. I certify that I attended the	deceased fr	antime!	18 1957 010 /2	12 Z	5 195.Z.Ih	at I last sav	v the deceased

and that death occurred at JUSO FM, from the causes and on the date stated above ADDRESS (Street, city or town, slote) E. Main St.

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION, 22b DATE THEREOF BUTIAL 6-22-19

J. R. Durst, Frostburg, Md.

O. McLane, M. D. 22c. NAME OF CEMETERY OF CREMATORY

Frostburg

22d LOCATION (City, lown, or county)

(Stole)

23. FUNERAL DIRECTOR'S SIGNATURE

6-22-1957 F'bg. Memorial Park ADDRESS

Frostburg, Md.

TO FUNE VS A15 (4) 15M 9/55

IN HEISBITAL

the funeral director, should be filed with

requires that the death certificate be

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Vitlin correct	'nį.	Hmh	S	į	AKIL 50	103	CERT	IFIC	ATE OF			IIMORE, I		059	01/
in the second second)	I. PLACE	OF DEATH	*	00	11/3			1/			I lived If instituti			/
in filed	-			f outside corp		write c	MAR LENGTH OF STA	YLAND		Thurs us	nutsida amaa	b. COUNTY		10-	
In poly poly	7	RUF	AL and give n	earest tawn)			6 Daj	. ,,, ,,	04.1.3		aniside curpo	iore minis, wire k	OWE and give	neurest to	wi
d 2 short	2	d. NA OR		TAL (If not in h		ve street odd			d STREET	ADDRESS	gh St	TT		ON	SIDENCE A FARM? NO []
lle 3 and		DECE/		N:	fini icho1		Middl	•	Makr	es	4. DATE OF DEATH	Mon	th 13	Doy	Yeor 19 57
Poges		5 SEX	٦٩	6. COLOR C		7. MARRIED	NEVER MARK		8 DATE OF BIR			9. AGE (In years last birthday) 60 yrs	Months Day		DER 24 HPS
comple popers.		ios USU	AL OCCUPATI	ON (Give kind king life, even	af work de	one 10b. KIN	ID OF BUSINESS		STRY 11. BIRTHI		200	ountry)	12, CITIZEN	OF WHA	T COUNTRY?
2 g d	八		hef R'S NAME			Re	staurant		14 MOTHER			dan ell es	77	والأواف	
				Hakre:					2. A:	nn a	(Unkt	nown)			
g physic remove 72 hours		(Yel no or	DECEASED EVE	R IN U. S. AR (If yes, give war i		rvice] [esivi	CIAL SECURITY NO 7-10-7939		NFORMANT Chris	t Pars	oudis	414 Lehi		Cimil	o. Nd.
equires that the attend signed by the attend it permit. Then plea rd in any event within		Ca. gov	PART I DE	iny, which immediate the under-		Cor	or (a), (b), and (c conary He	-	Discase				(0	NTERVAL E	D DEATH
ding physicion of the properties of the particular of the particul	١,	≃ OR C	350) ACCIDENT W.	AS UNDERLYING CAUSE OF	inso	nism	SE HOW INJURY						'EN IN PART 1{a	PERF	AUTORSY ORMED? NO-E
his certific r use as th remation, a			IME OF INJUI Hour a. m. p. m.	MEDICAL EXA	Day, Year	While	RY OCCURRED Not while of work	fa	ACE OF INJURY	(Hame, farm te bldg., etc	-)		(Coun	ly)	(Slale)
by the hospi ECTOR: After be detached for	,	aliv	certify the	hat I attend 6-13 Page			, and tha	t death		4:30		the causes o		date stat	
inould b				lph W.		in, M	.D.				and, 1		,		
may be r PUNE page 3 st the regist		72a BURI		ON, 225. DAT	THEREOF	7	2c NAME OF CEA Davis Me				1	ion (City town, erland, N	**	(Ste	ite)
VS A15 (4) 15M 9/55	1			's signature L. Geo:	rge	Cumber	ADDRESS Cland, Mo	1.		240. REC'I	D BY REGIST		STRAR'S SIGNA	TURE	ore, M.
									0			1 acr	ting Ke	gisi	trac

L .Y UARRAU Y. S.

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DECENTED.

	1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1)58	15
~	## ##	L	5842 CERTIFICATE OF DEATH Reg. Dist. No. 8	
23	Filed with	作	PLACE OF DEATH o. COUNTY Allegany MARYLANO 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY Allegany)
deoth	d the fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Lonaconing Lonaconing	
fier	hou.		d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDE	NCE
0 50	- 5 - 5 - 5 - 7		St Marys Terrace St Marys Terrace	RM?
A hot		3.	NAME OF First Middle Lost 4. DATE Month Day Year OF	
in 2	es a		(Type or print) Catherine T. Marley DEATH Time 5 19	57
E.	P G		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years 1 F UNDER 1 YEAR IF UNDER 2 lost birthday) Months Days Hours 9 AGE (In years 1 F UNDER 2 lost birthday) Months Days Hours 1 Months Days Hours 2 Months Days Hours 2 Months Days Hours 2 Months Days 2 Months Days Hours 2 Months Days	Min Min
uted	popers		OUSUAL OCCUPATION (Give kind of work done 10h, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Style or foreign country)	DUNTRY
	೦೯ನ ∦	-1	House work Own Home Durham, England.	
pe e	ter bo	/13.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
cote	ve o		Thomas Marley Mary Ann McPartland	
ertif	Physical Control of the control of t		S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Hf yea, give wer or dates of service)	
٠ :	in 7	=	ne none William Marley Lonaconing, Md.	
deo	a de la companya de l		PART I. DEATH WAS CAUSED BY: DEATH WAS CAUS	HTA
å.	Then rent		IMMEDIATE CAUSE (a) Personation Chammado Vicina 15 hor	wi
tho.	ج آ: چ •		Conditions, if ony, which) (Cause unknown)	
equires	agned in o		gove rise to immediate costs (o), stoling the under-	0
W. F	ransi , an	Z		TOPSY
Physical Phy	ios m	S S	PERFORM YES □ N	
AN: T	the bur or rem	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HYSIC or at	us cerai use os motion,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 at work of wor	(Slole)
Dig.	for	-		
E Pop	Ched		21. I certify that I attended the deceased from 11. 19. 5 to 11. 19. 5, that I last saw the de alive on 19. 5. 7, and that leath occurred at 19. 6 to 11. 19. 6 t	
里	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		ADDRESS (Street, city or town, stote) DATE	SIGNE
ed b	ior io		SIGNATURE LESLIE LY, MULLY. M.D.	
HOSPITAL O	stror p		PHYSICIAN'S Leslie R. Miles, Dr. M.D. Laurcania Md.	
y be	page 3 s.	22	20. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)	
	page the re	-	Burial 6/7/57 St Marys Cemetery Lonaconing, Md.	7
Jes 1		73	George Eichhorn Lonaconing. Md. Date 7/57 Heure De M	Example 1
1SM	1\$ (4) 9/\$\$		George Elemon Lonaconing, Ma DATE // 3 / House the MI-S	

DECENTED TO

n corporati	Imits	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()5816 5804 CERTIFICATE OF DEATH Reg. Dist. No.										
	1, PLACE OF DEATH				2. USUAL RESIDENCE (W		institution			ion)		
M ,		EGANY		MARYLAND	MARYLAND	b. C	ALI	LEGANY				
	b. CITY OR TOWN RURAL ond give	(If autside corporate lin	nits, write c 161	NGTH OF STAY IN 16		outside corporate limits.		RAL and give no	earest town	1}		
	CUMBER	LAND		7 DAYS	1.	LLE, MARYLA	NU		,			
	OR INSTITUTION MEMORIAL	MEMORI'AL & WARWICK	AVES.	L	d STREET ADDRESS					FARM		
	3. NAME OF DECEASED (Type or print)	1	ARTHA	JANE	MC DONALD	4. DATE OF DEATH	Month JUNE			Year 1957		
\	FEMALE	6. COLOR OR RACE	7. MARRIED X		JULY 28, 1	909. AGE (In last bit)	hday)	Months Doys	R IF UND	ER 24 H Mir		
I	during most of we Housevil	ION (Give kind of work rking life, even if retire	done 10b. KIND (d) Own F	of Business or Indu Home	W.VA.	or foreign country)		12. CITIZEN USA		COUN		
7	13 FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		1	,			
		?	Hurl		?	Kerns						
	IS WAS DECEASED EN	ER IN U. S. ARMED FO		L SECURITY NO. 17. I	NFORMANT		Addres	is				
	No		None		emorial Hospi	tal						
		ATH (Enter only one o		o), (b), and (c).]	Con I down	D. 0.	1		TERVAL BE			
	PART I. DEATH WAS CAUSED BY: Bronchiogenic Concerned Reft ONSET AND DEATH											
	Conditions, if	DUE TO	tu	ng i mi	/ gen. n	elarlass	1	16	0 7	200		
	gove rise to couse (a), Wating lying couse lost	immediate DUE To	(c)	1								
				BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND TH	ON GIVEN	N IN PART 1(0)	19. WAS	AUTOP RMED?		
	\$ 4	Teres	Myse	aner	wellow.				YES [
		AS UNDERLYING DEATH G CAUSE OF DEATH Y MEDICAL EXAMINER)	206 DESCRIBE H	OW INJURY OCCURRE	Center noture of injury in	Port I or Port II of stem	18 }					
	20c TIME OF INJU			lat while for	ACE OF INJURY (Home, fari tary, street, office bldg., et	n, 20f (City or town)		(County)	(Sto		
	21. I certify	hat I attended the	e deceased fro		Lance 17 and and 10 and			that I last s				
	alive an_1_4	E CA	, 125 /	_, and that death	occurred at 10:L	QAW, from the car	uses an	d on the do	ate state	ed ab		
	ACTUAL SIGNATURE	N. alpon	1 rac	Olma	M D	ADDRESS (Street, city o	r łown, sli	otej		ATE SIG		
	PHYSICIAN'S NAME (Type)	W. A. VAN	ORMER		*******					3		
	220 BURIAL, CREMATI REMOVAL (Specif	4		NAME OF CEMETERY O		22d LOCATION (City			(Stot	e}		
	23. FUNERAL DIRECTO			xler Cemete		near Danvi		Mary La				
	ESI	Boal	Weste	mpsol :	md Luc	0) / 6 = /	(1) R	3 3 0 0		201		
						C stall N	01/10	1	mese	100		

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BECEINED

Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5897CERTIFICATE OF DEATH DR. HIMMELWRIGHT Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) D. COUNTY MARYLAND b. COUNTY ALLEGANY ALLEGANY MARYLAND 前 c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND DAY CUMBERLAND plyods d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 1314 VIRGINIA AVENUE YES NO X DATE NAME OF First Middle Lost Month Day Yeor DECEASED OF DEATH 2 **EZRA** C. NINES JUNE (Type or print) 19 5 Fig. IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 5 SEX 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO Months Doys Hours MALE WHITE JUNE 16 WIDOWED DIVORCED [complei papers. 12 CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) eath. RETIRED Labor WEST VIRGINIA Dryfortu.s.A Railroad ŏ 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN NINES MARGARET MILLER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CUMBERLAND, MARYLAND MEMORIAL HOSPITAL Nο INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MOUVS DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [NO N 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, lEnter nature of injury in Part 1 or Part !! of item 18) 20e PLACE OF INJURY (Home, farm, 20c, TIME OF INJURY Month, Day, Year 20f (City or town) 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg , etc.) Hour o.m. While Not while of work of work 21. I certify that I attended the deceased from and that death accurred at \$4500 M. from the couses and on the date stated above. ADDRESS (Street, city or town, staffe) DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S DR. O. HIMMELWRIGHT NAME (Type) FUNE Oge 3 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City fown, or county) (Slote) Burray (Specify) 6 - 17 - 57Hillcrest Burial Cumberland, Md. Park 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE James F. Scarpelli Cumberland . Md . 15M 9/55

BUREAU V. R.

BECEINED

	ite ffmiles	1	5898			TE OF DEAT			Reg. Dist. No	0582
nd F	. PLACE OF DEATH					7 USUAL RESIDENCE (W	here docease		oni Residence befo	ore admission)
143		Alla anv		MARY	LAND	Varuland		b. COUNTY	Allega	
	B. CITY OR TOWN I	(If outside corporol learest town)	le limits, write	c LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF	outside corpo	prote fimits, write R	URAL and give ne	arest fown)
	Sunberlan				day		Vage			
15	d. NAME OF HOSPI OR INSTITUTION	cred Tex				d. STREET ADDRESS		•		e. IS RESIDENCE ON A FARM? YES NO
3	. NAME OF DECEASED		First	Middle		Losi	4. DATE	• Mon	ih De	y Year
	(Type or print)		Marie	Rose	Nο	<u>onan</u>	DEATH	0	1	1 19 57
2 7	SEX	6 COLOR OR I	PACE 7 MARK	IED 🗌 NEVER MARRIE	D 🔼 8	DATE OF BIRTH		9. AGE (in years ligst birthday)	Months Doys	Hours Min
_	female	<u>white</u>			2-2	3-31-1897		60 yn.		
- , ['	On. USUAL OCCUPATI during most of wor	ON (Give kind of thing life, even if the	work done 10b etired)			RY 11. BIRTHPLACE (Stote	or foreign c	ountry)		OF WHAT COUNTR
_ / L	Telephon			P Telepho	ne i	Сф. <u>Ма</u>	rylar	ıd	U.	S.A.
	3. FATHER'S NAME					14 MOTHER'S MAIDEN	NAME			
		iam Noo				Ann Ma	lloy			
	5 WAS DECEASED EVI	ER IN U. S. ARMEE (If yes, gree war ar do	rims of service)	SOCIAL SECURITY NO		FORMANT		Addi		
3	160			3 - 09-85 7 7		rs. Nellie	Fann	on, Mt.	Savage	, Md.
				ne for (a), (b), and (c).					INT	ERVAL BETWEEN SET AND DEATH
	PART 1. DEATH WAS CAUSED BY. METASTATIC CARCINORIA OF SPINE 4- LIN									
	170x		UE TO			+				
	Conditions, If o		(b) CA	RCINOMA	0	F RIGHT	BR	EAST		2 9 AS.
	gave rise to cause (a), staling		JE TO							
	lying couse lost.		(c)							
	PART (I OT	HER SIGNIFICANT	CONDITIONS		_	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
					10N				•	YES NO II
		AS UNDERLYING (CAUSE OF DI MEDICAL EXAMIN	EATH VERY	RIBE HOW INJURY OF	CURRED	(Enter noture of injury in	Port t or Par	t 11 of item 18.)	٠	
	20c. TIME OF INJU	RY Month, Day		JURY OCCURRED	20e. PLAC	E OF INJURY (Home, farn iry, street, office bldg., etc	20f (City	or town]	(County)	(Slote)
	p. m.	1	19 While of wor	Not while of work	1001	La		-	6	-
	21. I certify t	hat I attended	the decease	ed from All	9. 9	1956 ta	6/11	1957	that Liast so	aw the decease
	alive an	6/11	. 19 5	Z and that	death (occurred at 10:4	Ma from		.,	
		1 0.						lreet, city or town,		DATE SIGN
,	HOWATURE	hearting	mothe	ten hist	м	D. 48 BRO	the Desile	9-y		6/11/57
	PHYSICIAN'S NAME (Type)		othsteir			FR6573		MD.		
- L.	20 BURIAL, CREMATIC REMOVAL (Specify			22c. NAME OF CEME			1	TION (City town, e	er county)	(Stole)
-	urial	6-14	-1957		ick	's Cemeter		t. Sava		
12	3. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		A40. REC	D BY REGIST	TRAR 246 REGIS	TRAR'S SIGNATH	RE
	J. R.	Durst.	Frostb			Stoll	1.1		1 111 -	4 , 7

DECEIVED.

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05821 Withth corporate limit: 5809 CERTIFICATE OF DEATH Reg. Dist. No. director . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY Allegany b. COUNTY Maryland MARYLAND Allegany b. CITY OR TOWN (If autside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town)
Cumberland Cumberland d NAME OF HOSP TAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM 51 Elder Street Allegany County Infirmary YES NO NAME OF 4. DATE Month Day Year DECEASED Roderick John (Type or print) Pugh DEATH June 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost, b rthday) Months Hours White Male WIDOWED [7] DIVORCED [O USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired-Laborer -B.&O. R. R. West Virginia U. S. A. 3. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Sarah J. Taylor David William Pugh 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT P.O. BOX 599 Address Cumberland. Md. Allegany County Infirmary Records no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE IO DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDUCTORS CONTRIBUTING TO DEATH BUT NOT RELATED TO DISEASE CONDITION GIVEN IN PART YOU 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🏲 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour e.m. While Not while of work at work 21. I certify that I attended the deceased fram.... ., 19____,that I last saw the deceased alive on 6/25/57 and that death accurred at 3:05PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE James E. McLean, M. D. Cumberland. Md. FUNE 270 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or county) REMOVAL (Specify) Burial 6-28-57 Grace M. E. Cemetery Savage 0 24a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE James F. Scarpelli, Cumberland, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

WEGENA'S

BUREAU V. A.

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BECENNED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 in corporate limbus 5812 CERTIFICATE OF DEATH DR. HADIDIAN Red. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY a STATE b. COUNTY JARYLAND ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (If guiside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town)
CUMBERLAND DAYS **CUMBERLAND** d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? OR INSTELL HOSPITAL 1303 RIVER AVENUE YES NO THE NAME OF Facst 4. DATE Middle Lost Manth Year DECEASED OF DEATH HERBERT JUNE 10 57 NICHOLAS RICHARD (Type or print) 5. SEX 6 COLOR OR RACE 7. MARRIED TENEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Dovi WHITE Hours MALE MARCH 16, 1902 WIDOWED IT DIVORCED [100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of warking life, even if retired) PROPRIETOR GASOLINE STATION SLEEPY CREEK. W.VA. U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME JOHN RICHARD MARGARET MILLER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO 17 INFORMANT Address MEMORIAL HOSPITAL - CUMBERLAND, MD. NO 705-12-0864 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY dune with Metastases IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of (tem 18.) 20e PLACE OF INJURY (Home, form, , 20f (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (State) (County) Hour o.m. foctory, street, affice bldg , etc.) Nat while of work at wark 21. I certify that I attended the deceased from ____ . 19.57 ... that I last saw the deceased and that death accurred at 4:25 A.M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S DR. C. HADIDIAN NAME (Type) FUNE 226 DATE THEREOF 220. SURIAL CREMATION. 27c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fawn or county) REMOVAL (Specify) June 4, 1957 Sphores Crossroads Cemetery Berkeley Springs, West Virginia 10 23 FUNERAL DIRECTOR'S SIGNATURE 740. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) James F. Scarpelli, Cumberland, Maryland, SATURE ! 15M 9/55



NOR E TOES

מרומיורים:	2040		82
	5813 CERTIFICATE OF	F DEATH Reg. Dist. No.	L
(RA)	1. PLACE OF DEATH O COUNTY Allegany MARYLAND 2. USUAL 1 0. STATE	RESIDENCE (Where deceased lived. If institution: Residence before admission) E. W. Va. b. COUNTY Mineral	
		OR TOWN (If outside carporate limits, write RURAL and give nearest town) Patterson's Creek	
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Memorial Hospital	EET ADDRESS o. 15 RESIDEN ON A FAR YES NO	SM3
	3. NAME OF DECEASED (Type or print) BERTHA VIRGINIA ROBI	SON 4. DATE Month 24, Day Year	57
3 7 -	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF I WIDOWED Oct.	face his state of	HRS.
deoth.	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own home Fo	ert Ashby, W. Va. 12. CITIZEN OF WHAT CO	UNTR
3 8	13. FATHER'S NAME	HER'S MAIDEN NAME	
3 5	John Kaylor	Agnes Wagner	
(I)	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (1912, no. or approximal) (If yes, give wer or dictes of service) None Mrs. Rob	Address ot. Holler, Patterson's Creek, W.	Va
emovol, ond in any ev	DUE TO Conditions, if ony, which gave rise to immediate case (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE 20° ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATE (If EITHER, NOTIFY MEDICAL EXAMINER)	LLI TI-VE CALLEY YES NO	.07
ion, or r	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJU	JRY (Hame, farm, 20f. [City or lawn] (Caunty)	[State]
50 E &	Hour c m. p. m. 19 White Not while of work to tarry, street, c	affice bldg , etc.)	
d be detached to prior to burial, a	21. I certify that I attended the deceased from 6 19. alive on 19. ACTUAL SIGNATURE 10.0.	that I last saw the declaration of the state	abov
strar	PHYSICIAN'S Dr. James T. Johnson Jr.		
the regi	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR BURIAL 6/27/57 Fort Hill Cemeter	(1)	
4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John J. Hafer, Cumberland, Maryland	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DETERMINED TO SERVICE AMERICAN	M
	4	1 (Ching Legisher	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 his corporate limits 5814 CERTIFICATE OF DEATH DR. BALLIN Rea. Dist. No. director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission · COUNTALLEGANY a. STATEMARYLAND **b.** COUNTY MARYLAND **ALLEGANY** b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and a ve negrest town) CUMBERLAND 2 DAYS TO CUMBERLAND d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION AL HOSPITAL d STREET ADDRESS e. IS RESIDENCE ON A FARM? N. MECHANIC STREET YES NO NO 4. DATE NAME OF Middle Morth Year HOWARD OF DEATH SCHARF BRUCE JUNE (Type or print) 19 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Doys Hours MALE WHITE DECEMBER DIVORCED [WIDOWED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. W.MD. R.R.CO. PENNSYLVANIA gud 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 果权制 JOSEPH K. SCHARF CATHERINE HERMAN hours WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address MEMORIAL HOSPITAL - CUMBERLAND, MD. 72 705-10-7877 No INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Coronary Heart Disease 6 mos IMMEDIATE CAUSE (o)_ DUE TO 120.1 Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS CERTIFICATION PERFORMED? YES NO F 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stole) Hour o.m. factory, street, office bldg., etc.) While Not while of work at work p. m 6-8 _____. 1957___that I last saw the deceased 21. I certify that 1 attended the deceased from , and that death occurred at 12:42A M, from the causes and an the date stated above 6 -8 DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL 62 Greene St. SIGNATURE Cumberland, Md. PHYSICIAN'S DR. R. BALLIN NAME (Type) 220 BURIAL, CREMAT ON, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City lown, or county) Burial Hillcrest Cemetery Cumberland. 0 Ato REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE H. Lee Silcox Cumberland, Md. V5 A15 (4) 15M 9/55

that the

TO HOSPITAL

BUREAU V. K.

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BECEINED



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DECENTED

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5838 CERTIFICATE OF DEATH Reg. Dist. No.
iled with	1. PLACE OF DEATH o. COUNTY Allegany MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Allegany
should be filed with	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give peorest town) Lonaconing
by the f	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Miners Hospital d. STREET ADDRESS on A FARM? YES □ NO 100
	3. NAME OF DECEASED First Middle Lost 4. DATE Month Day Year
Pages	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
papers. P	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if relired)
L CO L	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physician braws of haws afte	John Scett Jean McMillian 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT LIVE TO GE UNDERDOWN. A MET OF THE PROPERTY OF
2 4	yes Ist W. War 220-10-9262 Mrs. Mary Scott Lonaconing, Md. [18. CAUSE OF DEATH [Enter only one couse per line for (q), (b), and (c).] [19. CAUSE OF DEATH [Enter only one couse per line for (q), (b), and (c).]
hen pleasent within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CINCOSI'S of lives ONSET AND DEATH YEARS
gned by the permit. If in ony extends on the contract of the c	Conditions, if any, which (b) Congestive Heart Failure years
	cotes (o), stating the under- DUE TO Bronchial asthma years
byrial-fransit removal, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES \[NO \[\]
the bu	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
r use as ematian	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. Post work at
hed for	21. I certify that I altended the deceased from NOV
be detaction to be	ACTUAL LO - CR MATO DATE SIGNED
ă ă	NAME (Typo) LESLIE R. MILES JR. LONACONING MD
page 3	220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Stole)
15 (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR'S SIGNATURE 1 072 80 071 170 7 Mills
9/55	George Elchhorn Bonaconnig, mas Date (-0-5) Mis Millight For

BUREAU V. E.

DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 ha corporate Henlis 5816 CERTIFICATE OF DEATH Reg. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY MARYLAND COUNTY ALLEGANY **ALLEGANY** MARYLAND ₹ c LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) 8 RURAL and give nearest town] 70 **CUMBERLAND** <u>Cumberland</u> d. NAME OF HOSPITAL (IE not d. STREET ADDRESS . IS RESIDENCE ON A FARM? OF INSTITUTION 29 ELDER STREET YES NO X > C & WARWICK NAME OF Middle 4. DATE Month DECEASED OF GERTRUDE 57 JUNE DEATH (Type or print) 19 9. AGE (In years lost b rthday) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months FEMALE Doys WIDOWED | DIVORCED | 62 MARCH II 1895 YES 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. during most of working life, even if relired) OWN HOME U.S.A. and VIRGINIA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion ROBERT JOLLY ALMIRA HOVERMALE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17 INFORMANT Address NÖ MEMORIAL HOSPITAL tending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) reguires that the **DUE TO** à Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the under-Le 2022 lying cause tost PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DICAL 20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour e.m. While Not while p. m of work of work sec. 21. 1 certify that I attended the deceased fram. 19.5. That I last saw the deceased and that death accurred at 11:20 AM from the causes and an the date stated above. alive on ADDRESS (Street, city or lown, stote) IRECT ACTUAL SIGNATURE HOSPITAL PHYSICIAN'S NAME (Type) CLAY E. DURRETT FUNE 220 BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) pode REMOVAL (Specify) May Cumberland, Maryland Greenmount Cometery June 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246, REG STRAR'S SIGNATURE 24s. REC'D BY REGISTRAR VS A15 (4) James F. Scarpelli, Cumberland, Maryland.



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Line of the second	. in .	At histories as	5	817	CERTIFIC	ATE OF D	EATH	l		Reg. Dist. No	. 4
director filed-with	1.	PLACE OF DEATH	н		MARYLAND	a. STATE			ed If institute b. COUNTY		
	-		. I legany 'N (If outside corporate limi	Is write c IENG	TH OF STAY IN 16		aryla		timite surity t	Allega:	
death.		RURAL and giv	re negrest town)				•		smills, wille r	OKAL ONG GIVE NO	orest town)
ter de fu	\vdash		Cumberland SPITAL (If not in hospital, p ON	ive street address)	years	d. STREET AD	umber	rland			e. IS RESIDENCE
y th		OR INSTITUTION	ON Crump Nurs			1 2		vette	Street		ON A FARM? YES NO 🔯
Page 1	3	NAME OF DECEASED	Fir	st	Middle	Lost		4. DATE OF	Mar		oy Yeor
n 24 filler ges 1		(Type or print)	CLARA	MAUD		HERMAN			une l	.5	19 57
Pag Pag	\$.	SEX	6. COLOR OR RACE	7. MARRIED TN	EVER MARRIED	8. DATE OF BIRTH		9	AGE (in years lost birthday)	Manths Days	Hours Min
D et s		male	White	WIDOWED 🔽	DIVORCED 🔲	Nov. 17,		1 9	2 yrs		
cample papers ash.	100	during most of	ATION (Give kind of work working life, even if retired	dane 10b. KIND OF	BUSINESS OR INDU	STRY 11, BIRTHPLA	CE (State a	ar foreign caunt	ry)	12. CITIZEN	OF WHAT COUNTRY?
and and property		ractica	1 Nurse (Ret		44-4			l Count	y, Va	. USA	
Paris de la constante de la co	/ 13.	FATHER'S NAME				14. MOTHER'S A	MAIDEN N	AME			
sicio	L		? Gri					Unkn			
physici emave hours	15.	WAS DECEASED is, no. or unknown)	EVER IN U. S. ARMED FOR	CES? 16. SOCIAL S		INFORMANT				E Stree	
ling se n 72	-	No _	<u> </u>	None		. kobert	Crun	no, Cum	berlan		
deat tend plea sithii			DEATH [Enter only one co DEATH WAS CAUSED BY:	ruse per line far (a).	(b), and (c).						ERVAL BETWEEN SET AND DEATH
he of a		PAKI I.	IMMEDIATE CAUSE (a) CI	11114						
t by the eve		4	DUE 10								
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insit and and and and and	7	lying couse le)	TO IC TO DEATH BU	ALOT OFLATED TO	THE TERM	AAA DIEEARE CA		(2)	19 WAS AUTOPSY
physic physic nas bec rial-tra naval,	CERTIFICATION		OTHER SIGNIFICANT CON	DITIONS CONTRIBU	ING TO DEATH BU	NOI RELATED TO	THE TERMIN	AAL DISEASE CO	ONDITION GIV	PART I(D)	PERFORMED? YES NO K
inding icate h he bur ar ren	CERTIF	200 ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING THE CAUSE OF DEATH TIPY MEDICAL EXAMINER)	206. DESCRIBE HO	W INJURY OCCURR	D (Enter nature of	injury in Po	ort I or Part II :	of item 18.)		
atte atte	S		IJURY Month, Day, Ye			ACE OF INJURY TH	ome, form,	20f (City or	town)	(County)	(State)
mhy of or this of the complete	MEDICAL	Hour o. p.	110	While Nat at work at w	while rark	ctory, street, office (bldg., etc.)				
Le for Le		21. I certify	that I attended the	deceased fram		19	, ta		19	that 1 last s	aw the deceased
A Por Prior		alive on	June 13	1957							ite stated abave.
TEN the TOR:			1.1 11 11	1-1-01	6.0	1		DDRESS (Street		stole)	DATE SIGNED
RECTS be de dior tilor t	i	SIGNATURE	. I Chard W	Men	ofes yo	M.D.	On	$(\cdot U, \cdot)$	revo	y ky.	R.6/15/5
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may logge the re		urial	June 18	1957 Gra	n Lawn	Cemetery				, Virgin	
H H			TOR'S SIGNATURE	ADO	DRESS			BY REGISTRAF	24b. REGI	STRAR'S SIGNATU	RE
VS A1S (4) 1SM 9/3S	L	John J.	Hafer, Cuml	perland,	Maryland	<u> </u>	PATRICE	15,195	7 W.A	oss a	meron Mr
						0		. / /	ac	Tino Re	raistrar

DECENSED

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BUREAU V. E.

PERMANENT Wilcin corporate limits MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5818 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution) Residence before admission) PLACE OF DEATH p. COUNTY e. STATE b. COUNTY Allegany MARYLAND Allegany b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? . O. A at Hemorial Hospital 118 Fifth St YES NOT NAME OF 4. DATE Month Year 70 (Type or print) Shingledecker DEATH James June 19 57 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED HE 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS (ant birthday) Months male white WIDOWED [7] DIVORCEDIES YB. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ed Yard brakeman

BEO.R.Ry. Simpson. W. Va. 12 CITIZEN OF WHAT COUNTRY? B&O.R.Ry. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HOY Samuel Shingledecker Margaret Tasker Pages 8. Give Page PM3. Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address W.C. Hines. Cumberland. Md. NTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Coronary occlusion sudden form Per IMMEDIATE CAUSE (o) DUE TO Coronary sclerosis with angina syndrome Conditions, if any, which gave rise la immediate couse DUE TO (a), stoling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS'S PERFORMED? NO L 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED [Enter nature of Injury in Part I or Part I. of Item 18.] CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year i 20f. (City or town) (County) (Slate) factory, street, affice bldg., etc. Hour o. m. Not white at work at work 21. I certify that I tack charge of the remains described above, held an Autapsy , Inspection 77, Inquiry 71, and find that death resulted fram: Natural causes 🗐, Accident 🗍, Suicide 🗍, Hamicide 🗍, Undetermined cause 🗍 2 mm 71/10 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 0 3 SIGNATURI ASSISTANT MEDICAL EXAMINER | H.V.Deming M.D DEPUTY MEDICAL EXAMINER 1 June 4-1957 NAME (Type) FOLW 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) EMOVAL (Specify) Cumberland, Maryland. 0 Davis Memorial Cemetery June 6, 1957 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) William H. Kight. Cumberland, Maryland. 5M 9/55 Topker.

SUREAU V. K.

2961 Z NOC

DECENTED

	, (LACE OF DEATH	Allegany		MARYLANI	2. USUAL RESIDENCE 0. STATE W.	(Where decease Va.	d Irved. If Institut b. COUNTY		*
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]	. NAME OF HOSPI Memorial	TAL OR INSTITUTION IN L Hospital	f not in hos	pilot, give street address)	d. STREET ADDRESS	rginia	St.		e. IS RESIDEN ON A FAR YES NO
	(TAME OF DECEASED Type or print)	Cat	hy	Middle Ann	Simms	4. DATE OF DEATH	June	29	ay Year 19
	5. 5	Female	colored	WIDOWED		May 5-195	7	7. AGE (In years fost birthday) O ym. ;	Months Day	Hours Min.
-/	10a	usual occupat uring most of work none	ION (Give kind of work or ing the, even if retired)	ione 10b. K	none	Keyser	te or foreign con , W . Va .	uniry)	U.S.	OF WHAT COUN
	13.	FATHER'S NAME Clare	ence E.Sim	ms J.	r.	Ann S. W		ton	,	
5		WAS DECEASED E	VER IN U. S. ARMED FOI Hif yes, give wer or dates of t	arvice)		emorial Ho	spital	record	ls •	
		Canditions, if a gove rise to Imme (o), stating the couse lost.	DUE TO any, which [b]	cau	k also punc sing two ho es in the i baby's abd	les in sto	mach a	nd thre		about 10.½ hr
)	LIFICATION	20g. EXTERNAL CA	IISE WAS 12m		NTR BUTING TO DEATH BUT				EN IN PART I(o	19. WAS AUTOI PERFORMED YES NO
	MEDICAL CERTIF	PRIMARY TO OF COCAUSE OF DEATH 20c. TIME OF INJUINATION TO THE OF	IRY Month, Day, Yea	CO D	ick thrust	in the bab	y's ab	domen b	(County)	
		21. I certify t		of the r	emains described ab	ove, held an Autopicide, Homicide	sy 🔲, Ins	pection 🗼	Inquiry [k, and find
		deom reserves								DATE SIGNE
^		ACTUAL SIGNATURE	14. V. Da	min	17H.D.	M.D. CHIEF MEDICAL				DATE SIGNE
maval.		ACTUAL SIGNATURE EXAMINER'S NAME (Type)	H. V. Deming		M.D.	M.D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL	CAL EXAMINER		29-19	



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 this corporate limit. CERTIFICATE OF DEATH 5820 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admirsion) . STATE MARYLAND b. COUNTY 70 **ALLEGANY b.** COUNTY MARYLAND. ALLEGANY b. CITY OR TOWN (If oulside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) DAYS **CUMBERLAND** CUMBERLAND d. NAME OF HOSPITAL MEMOR 198111. AIOS PT TALEN OR INSTITUTION MEMORIAL & WARWICK AVES., d STREET ADDRESS e. IS RESIDENCE ON A FARM? OOS WASHINGTON ST YES NOX NAME OF TRA Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH JUNE 197 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9 AGE (In years lost birthday) Months Dovs Hours WHITE MALE WIDOWED | DIVORCED [7] 100 USDAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. W.VA. Self Dentist 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion EDGAR STAFFORD MARY SHAHAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Mrs. Eleanor Stafford, Cumberland, No None CAUSE OF DEATH [Enter only one coupe per line for (a), (b), and (c)] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (of DUE TO Vienca Conditions, if any, which gave rise to immediate **DUE TO** couse (a), sloting the underlying couse fost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19 WAS AUTOPSY PERFORMED? YES 📑 NO P 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noturn of injury in Port I or Part II of ilem 18) 20c TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, | 20f (City or town) (State) (County) Hour o m factory, street office bldg , etc.) While Not while of work of work 19.5 / that I last saw the deceased 21. I certify that I attended the deceased from _, and that death accurred at J2:22PM, from the causes and on the date stated above. alive an ADDRESS (Street, crimor fown DATE SIGNED ACTUAL SIGNATURE 70 HOSPITAL PETERSON IN W.F.WILLIAMS NAME (Type) FUNE FUNE 220 BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL Specify) 6/8 Buria. Hill Crest Cemetery Cumberland, Md. 0 0 **ADDRESS** 23 FUNERAL DIRECTOR'S SIGNATURE R4a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 William H. Kight, Cumberland, Md. Leting Kegestrar

BUREAU K.

13V 12V21X

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within cornorate limits **CERTIFICATE OF DEATH** Rea. Dist. No. l director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Allegany **b** COUNTY Maryland Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be. RURAL and give nearest town) Westernport Cumberland d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 120 Main Street YES TO NO DO Allegany County Infirmary 4. DATE NAME OF Middle Month Year DECEASED OF DEATH (Type or print) Frances Thomas June 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR! IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years log birthdoy) Months Days 1871 White WIDOWED DIVORCED | Female. 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewife Own Home Maryland U. S. A. 14. MOTHER'S MAIDEN NAME after 13. FATHER'S NAME Antony Schwarzer Therese Fisher 17. INFORMANT P.O.BOX 599 Address Cumberland, Md. IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No None Allegany County Infirmary Records 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cottse (o), stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased fram. ... 19____that I last saw the deceased ADDRESS (Street, city or fown, state) DATE SIGNED ACTUAL SIGNATURE 19 Greene St B. Mathews Cumberland, Md. PHYSICIAN'S NAME (Type) FUNER 220. BUR AL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole) REMOVAL (Specify) Westernport, Maryland Philes Cemetery 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Boal Funeral Home, Westernport, Maryland.

BUREAU K. L.

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NICELWED.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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5839 CERTIFICATE OF DEATH

Req. Dist. No.

	Allegar	ny	MARYLAN	O STATE						on)
b. CITY OR TOWN (II	outside corporate limi	ts, write	c. LENGTH OF STAY IN 1	c. CITY O	R TOWN (If o	utside corpo	rate limits, write f	URAL ond give	nearest lown)
100	1.9		1 wk.	×2	Frost	burg	. Route	1		
OR INSTITUTION			oddress)	d STREET	ADDRESS				e. IS RESI ON A YES	FARM2,
	Fir	3!	Middle		lost	4. DATE	Mor	ith	Day Y	eor
	Ett	(W	INBRENNER)	TIP	PEN	DEATH	JUN	E	7, 1	9 57
SEX	6. COLOR OR RACE	7- MARR	IED NEVER MARRIED				9 AGE (In years			
female	white	WIDOWE	DIVORCED [10-7-	T886		70 yrı	months Ug	rs Hours	Ain.
USUAL OCCUPATIO	N (Give kind of work of	dane 10b	KIND OF BUSINESS OR IN	DUSTRY 11, BIRTH	IPLACE (State	or fareign c	ountry)	12. CITIZEN	OF WHAT	COUNTRY?
			own home		Mar	ylan	d	U.	S.A.	
FATHER'S NAME				14 MOTHE	I'S MAIDEN N	IAME				
Joseph	Winebreni	ner			inna M	icKen	zie			
WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.			- T) - l-					27.3
		220	0-10-2753	irs. you	n Kobe	ertso	n, Rt.	I, Fro	stbur	g, Md
Conditions, if or gove rise to it couse (o), stating lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	IMMEDIATE CAUSE (o DUE TO ty, which he under- ER SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DIT ONS C	CRIBE HOW INJURY OCCUI	RRED. (Enter natur	of injusy in l	Port t ar Par	t II of item 18)	VEN IN PART 1(c	7 0 19. WAS A PERFOI YES []	JTOPSY RMED?
Hour o m.	19	While	Not while				or iownj	(Coun	·(γ)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATIO REMOVAL (Specify) Burial	W 1 E	19.55 A.A.	2. And that declared at text at the contract of the contract o	M.D. L.A.	netery	M, from	n the causes of treet, city or town, The Tion (City, town Frostb	or county)	date state DA (4). (9) (State	d abave. TE SIGNED
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COUNT Allegany b. COUNT Allegany b. COUNT (I OWN) (I own to compose the property from) L. CITY OR TOWN (I own to compose the property from) The prostburg of the property from the page tree coddress) d. NAME OF POSTBURG (I first in bappie), give street coddress) d. NAME OF POSTBURG (I first in bappie), give street coddress) d. NAME OF POSTBURG (I first in bappie), give street coddress) d. NAME OF POSTBURG (I first in bappie), give street coddress) d. STREET ADDRESS AND ATE OF BATTLE (I first in bappie), give street coddress) d. STREET ADDRESS AND ATE OF BATTLE (I first in bappie), give street coddress) D. CITY OR FOWN (I own to do give a control for the property of the property

BUREAU Y, E

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DECENTED EU

22c. NAME OF CEMETERY OR CREMATORY

Zion Memoria

VS A1S (4)

220 BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

thot

Buth E. Silcox Cumberland, Md.

27-57

22b DATE THEREOF

June

24). REC'D BY REGISTRAR ZAB REGISTRAR'S SIGNATURE

22d, LOCATION (City town, or county)

Cumberland



CELVED EN

BUREAU V. A.

7261 E1 NU.

BECEINED

BUREAU V. S.

Marker of the

comonit	Rmts		STATE DEPARTM		H-BALTIMO	RE, 18	05839
		5824	CERTIFICA	ATE OF DEAT	Н	Reg. D	ist. No.
	1 PLACE OF DEATI D. COUNTY	Allegany	MARYLAND	a. STATE	Where deceased lived. It	f institution: Reside	Allegany
	b. CITY OR TOW	In (If outside corporate limits, write	c. LENGTH OF STAY IN 16		f outside corporate limits	, write RURAL and	
		berland	5 hrs.	Cumberl	and		
67	d NAME OF HO	SPITAL (If not in hospital, give street ON	address)	d STREET ADDRESS			IS RESIDENCE ON A FARM?
	S	<u>acred Heart Hospi</u>		415 Magm	Magruder St. YES NO		
	3 NAME OF DECEASED (Type or print)	William	- Cara	White	4. DATE OF DEATH	Month 6	/ 21 Year
	5. SEX	6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH	9. AGE (In years rthdoy) Months	R 1 YEAR IF UNDER 24 HI
	Male	white WIDOWI			0.09		
	during most of	ATION (Give kind of work done working life, even if retired)	tired Presider	it.		12. CI	ITIZEN OF WHAT COUN
- 4	Wholes 13. FATHER'S NAME		Grocery	Maryland			U.S.A.
	13. PATRICK 3 NAME			14 MOTHER 3 MAIDE	Po	A79	
	15. WAS DECEASED	Joseph White	SOCIAL SECURITY NO. 17.	NFORMANT	Jane Bu	Address	
	(Yes. na ar unknown) No	(If yes, give war or dates of service)		Patient's	chart		
		DEATH [Enter only one couse per in	Te for (a), (b), and (c)]	1 4	CHOL 0		INTERVAL BETWEEN
		DEATH WAS CAUSED BY	oronary	the Nome	3-17-1		ONSET AND DEAT
		IMMEDIATE CAUSE (6)	A	,	^		3 // 1
	Canditions,	if ony, which) (b)	on les time	Heart	Pailer	2	2 das
	gave rise t	o immediate DUE TO	0		0		
	PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDIT	ION GIVEN IN PA	RT 1(0) 19. WAS ALTOP
^	5 -7 - 70	•					YES NO
	200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	Hour o.	m While	NATURY OCCURRED 20e. PL	ACE OF INJURY (Home, fo ctory, street, office bldg.	rm, 20f. (City or town)		(County) (Sic
	21. I certify	that I attended the deceas	ed fram. 6 ~ 21	57, 19 , 106	-21-57	19that I	last saw the dece
	alive on 6	-21-57 19	and that death	occurred at 930	P.M. from the co	ouses and on	the date stated ab
			1		ADDRESS (Street, gity		DATE SI
,	ACTUAL SIGNATURE	X com	man	M.D. 105	10 Centr	54	6.74
/	PHYSICIAN'S NAME (Typo)	C. C. Zima	DERMANN	Our	bulon	1 m	d
	220 BURIAL CREMA	-15.3	22c NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (Cin		(State)
	Burial	Une 24,141			7		md
ds.	23. FUNERAL DIRECT	0	ADDRESS		C'D BY REGISTRAR 2	46 REGISTRAR'S SI	IGNATURE
1.	Louis	Strin, Inc.	lumberland	1, med. Jakon	25,1957	W.Koss	(ameron)
*					, , ,	wina 1	Registrar

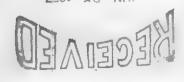
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TREE 1957 NUC

BUREAU V. S.

hin cocrors	MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	050/9					
a M	5826 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	1. No.					
cremot	PLACE OF DEATH O. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence o. STATE Md . b. COUNTY All.	egany					
o purior	b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b cnd give necessit town) Cumberland Minutes	c. CITY OR TOWN (If outside corporate limits, write RURAL and g Rural) Mt. Savage	give nearest town)					
₽ 77 E D.O.A	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Sacred Heart Hospital	d. STREET ADDRESS Rt.l Mt Savage Rd.						
ogistrar	3. NAME OF First Middle DECEASED (Type or print) Wilbert Thurman W:	ilhelm d. DATE Month	Doy Year 16 19 57					
th the	6. COLOR OR RACE 7. MARRIED B NEVER MARRIED B. E Male white widowed bivorced (TEAR IF UNDER 24 HRS.					
nd 2 w	during most of working life, even if retired) Ayers Coal Mine	37 70 30 100 110	U.S.A.					
o l se l	13. FATHER'S NAME Edward Wilhelm Sarah A. Diehl							
E E	[Yes on or unknown] I III and plus year or dates of species!	orman Address Ster)Elthea Thompson, Mt. Sav	vage, Md.					
Permit.	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COPONARY O	cclusion	onset and death Sudden					
buriol-transit	Conditions, if any, which to	sclerosis	?					
burio burio	gove rise to immediate cause (o), stating the underlying DUE TO (c)							
2 OFFICE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO					
ommo organia	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.							
CASE OF DEATH. 20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, form, 20f. (City or town) (C White of work of work of work of work of work)								
R: Page	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause							
RECTOR:	ACTUAL (1/1/2 : - 2M2)		DATE SIGNED					
AL Di oval.	EXAMINER'S H.V. Deming M.D.	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER June 16-19	ਤ <i>ਾ</i>					
0	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CE		(Stote)					
20	Burial 6/19/57 Frostburg Men 3. FUNERAL DIRECTOR'S SIGNATURE Hafer Funeral Ho		Md.					
9/55	General Houtesant 23. E. Main, Frost	1	merown					

BUREAU V. S.

JUN 25 1957

